FORM B10 (Official Form 10)(10/05)		
United States Bankruptcy Court SOUTHERN 1	DISTRICT OF NEW YORK	PROOF OF CLAIM
Name of Debtor DELPHI AUTOMOTIVE SYSTEMS SERVICES	Case Number 05-44632-RDD	Claim #14154
NIVIE: This form should not be used to make a claim for an administrative ex of the case. A "request" for payment of an administrative expense may be file	pense urising after the commencement of purmant to 11-U.S.C. § 593. Det	USBC SDNY hi Corporation, et al. 05-44481 (RDD)
Name of Creditor (The person or other entity to whom the debtor owes money or property):	Check box if you are aware that anyone else has filed a proof of claim relating to your claim.	
Department of the Treasury - Internal Revenue Service	Attach copy of statement giving particulars.	Received
Name and address where notices should be sent: Internal Revenue Service	Check box if you have never received any notices from the	AUG 0 9 2006
INTERNAL REVENUE SERVICE 290 BROADWAY, 5TH FL NEW YORK, NY 10007	bankruptcy court in this case.  Check box if the address differs from the address on the envelope	Kurtzman Carson
Telephone number: (212) 436-1038 Creditor #:	sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: see attachment	Check here ☐ replaces a previous if this claim ☒ amends	usly filed claim, dated: 05/26/2006
1. Basis for Claim  Retiree benefits as defined in 11 U.S.C. § 1114(a)  Wages, salaries, and compensation (fill out below)		
☐ Goods sold	Last four digits of your SS	
<ul> <li>□ Services performed</li> <li>□ Money loaned</li> </ul>	Unpaid compensation for s	
Personal injury/wrongful death	from	to
☐ Other	(date)	(date)
2. Date debt was incurred: see attachment	3. If court judgment, date obtained:	
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.		
See reverse side for important explanations.  Secured Claim.		
Unsecured Nonpriority Claim \$	Check this box if your claim is secu	ured by collateral (including a
☐ Check this box if: a) there is no collateral or lien securing your	right of setoff).	
claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.	Brief Description of Collateral:    Real Estate   Motor Vehicle	⊠ Other <u>saa below*</u>
Unsecured Priority Claim.	Value of Collateral: \$ see be	alow*
Check this box if you have an unsecured claim, all or part of which is	* All of debtor(s) right, title and interes	st to property - 26 U.S.C § 6321.
entitled to priority.	Amount of arrearage and other charges secured claim, if any: \$ 9,281.	at time case filed included in
Amount entitled to priority \$	**************************************	
Specify the priority of the claim:	Up to \$2,225° of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C.	
☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).	\$ 507(a)(7).	1 1 1 11 1 5 5 6 5 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
☐ Wages, salaries, or commissions (up to \$10,000), earned within 180	☐ Taxes or penalties owed to governm	
days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	<ul> <li>Other - Specify applicable paragrap</li> <li>*Amounts are subject to adjustment on 4</li> </ul>	
☐ Contributions to an employee benefit plan - 11 U.S.C. \$ 507(a)(5).	with respect to cases commenced on	or after the date of adjustment.
5. Total Amount of Claim at Time Case Filed: \$ (unsecu	9,281.26 (pri	9,281.26 ority) (Total)
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<ol> <li>Credits: The amount of all payments on this claim has been credited a this proof of claim. (except as noted on attachment)</li> </ol>	and deducted for the purpose of making	THIS SPACE IS FOR COURT USE ONLY
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase		
orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security		
agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents		
are not available, explain. If the documents are voluminous, attach a summary.		
8. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date Sign and print the name and tide, if any, of the creditor or other person authorized to file CLAIMS of ALAMS OF ALA		
07/27/2006 this claim (attack copy of power of attorney, of any):  /s/ MARIA WALERIO. Insolvency Specialist		
Penalty for presenting fraudulent olaim: Fine of up to \$500,000 or imprisonment !		

05-44481-rdd Doc 8040-1 Filed 05/24/07 Entered 05/24/07 17:28:10 Exhibit A Pg 2 of 2

## Proof of Claim for Internal Revenue Taxes



Form 10 Attachment

Docket Number

05-44632-RDD

Type of Bankruptcy Case

Chapter 11

**Date of Petition** 

10/08/2005

Department of the Treasury/Internal Revenue Service

In the Matter of:

**DELPHI AUTOMOTIVE SYSTEMS SERVICES** 

LLC

5725 DELPHI DRIVE TROY, MI 48098

Amendment No. 1 to Proof of Claim dated 05/26/2008

The United Stetes has the right of setoff or counterclaim(s) in the amount of \$9,281.26. The identification of the right of setoff in this amount is based on available data and is not intended to waive or limit the right to setoff against this claim debts owed to this debtor by this or any other federal agency that have not been identified. All rights of setoff are preserved and will be asserted to the extent lawful.

FICA 12/3/104

Secured Claims (Notices of Federal tax lien filed under internal revenue laws before petition dete)

Date Tax Interest to Taxpayer Tax Pena/ty to Notice of Tax Lien Filed: Tax Due Petition Date Petition Date ID Number Kind of Tax Period Assessed Date Office Location 38-3568834 06/30/2005 \$9,281.26 \$0.00 WT-FICA 10/03/2005 \$0.00 Right to setoff

Total Amount of Secured Claims:

**\$9,281.26**